

# DBE PARTICIPATION REPORT

Project:		Subaccount:	
Contractor:		Phone:	
Report Period:		<input type="checkbox"/> Monthly <input type="checkbox"/> Final	

<b>DBE</b>	<b>Total Payments to the DBE</b>	<b>Deductions for Non- Eligible Work</b>	<b>Eligible Participation</b>
<b>Total for Reporting Period:</b>			
<b>Total to Date:</b>			
<b>Proposal Commitments:</b>			

**Good Faith Efforts.** If the contractor is encountering issues fulfilling its DBE commitments or if the contract is completed and such obligations have not been met, the Contractor may use this section to report any performance issues, good faith efforts, etc. The regional civil rights offices are available to assist contractors with DBE and other contract compliance issues. Requests for training or assistance may also be made in this section.

Representative Signature: \_\_\_\_\_ Representative Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Section 3.** Provide a detailed description of each DBE's participation during the reporting period. Attach additional pages for this section as necessary.

DBE Firm		Work Status	<input type="checkbox"/> In Progress <input type="checkbox"/> Completed
Commitment \$		Payment this Period	
Total Payment		Eligible Participation	
Work Performed			
Subcontracts			
Comments			
DBE Firm		Work Status	<input type="checkbox"/> In Progress <input type="checkbox"/> Completed
Commitment \$		Payment this Period	
Total Payment		Eligible Participation	
Work Performed			
Subcontracts			
Comments			
DBE Firm		Work Status	<input type="checkbox"/> In Progress <input type="checkbox"/> Completed
Commitment \$		Payment this Period	
Total Payment		Eligible Participation	
Work Performed			
Subcontracts			
Comments			
DBE Firm		Work Status	<input type="checkbox"/> In Progress <input type="checkbox"/> Completed
Commitment \$		Payment this Period	
Total Payment		Eligible Participation	
Work Performed			
Subcontracts			
Comments			

CDOT PROJECT ENGINEER OR MANAGER: To my knowledge, the statements made in this document are complete, true and accurate. I have reviewed the contracting records and monitored the work sites as part of normal business practices.

Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_